

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/445043** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1					
4	3		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	2		1			
18	2		1			
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TOTAL IND.	1		1			
TOTAL DEP.	24	↓	20	↓		↓
TOTAL CLAIMS	25	↓	21	↓		↓

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100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓